



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: NW INDIANA ER AND HOSPITAL

City of Hospital: Hammond

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Kelvin Quach

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Medicare Provider Number: N/A

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$121747.13	Contractual Allowance	\$44292945.1
Outpatient Patient Service Revenue	\$72061367.5	Other Deductions	\$0
Total Gross Patient Service Revenue	\$72183114.63	Total Deductions	\$44292945.1

3. Total Operating Revenue	
Net Patient Service Revenue	\$27890169.5
Other Operating Revenue	\$0
Total Operating Revenue	\$27890169.5

4. Operating Expenses	

Salaries and Wages	\$2526015.07	Employee Benefits	\$602914.96
Depreciation and Amortization	\$1068968.00	Interest Expense	\$871072.96
Bad Debt	\$0	Other Expenses	\$2729848.62
Total Operating Expenses	\$7798819.61		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18189279.20	Total Assets	\$29686248.53
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$17655330.14
Total Net Gains	\$18189279.2		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$552681.87	\$466430.6	\$86251.27
Other State	\$0	\$0	\$0
Other Payers	\$71630432.76	\$43826514.5	\$27803918.26
Total	\$72183114.63	\$44292945.1	\$27890169.53

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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